Just to clarify, our members are not necessarily opposing the LMNT 407 proposal, just having a difficult time understanding the proposed changes, as they try to determine any potential impact for nursing facility providers.

Some nursing facilities currently contract with a Registered Dietician (as required by federal regulations), who may or may not be an LMNT (LDN/LN).

1. **If the proposed changes were implemented, in order to practice in Nebraska, all Registered Dieticians would need to be licensed as LMNTs, correct?**

2. **To be licensed as LMNTs, the only additional requirement the Registered Dietician would need to meet is to pay the initial licensure fee and renewal fees, in addition to the fees they pay to renew as a Registered Dietician, correct?**

As required by federal regulations, if a nursing facility does not employ a fulltime Registered Dietician, then the facility must designate a person to serve as the director of food and nutrition who receives frequent scheduled consultation with a Registered Dietician. The director of food and nutrition must meet certain criteria including certification as a certified dietary manager or certified food service manager or similar program.

According to the Certifying Board for Dietary Managers' website, the Certified Dietary Manager (CDM), in consultation with the Registered Dietician, is responsible for a number of tasks including those listed below.

- Conduct routine client nutritional screening which includes food/fluid intake information.
- Calculate nutrient intake.
- Identify nutrition problems using established guidelines to distinguish between routine and at risk individuals.
- Identify food customs and nutrition preferences based on race, culture, religion, and food intolerances.
- Implement diet plans and diet orders using appropriate modifications.
- Utilize standard nutrition care procedures following ethical and confidentiality principles and practices.
- Document nutritional screening data in the medical record and complete forms (i.e., care plans, MDS, etc.)
- Review intake records, conduct visual meal rounds, and document food intake.
- Participate in care conferences and review effectiveness of nutrition care.
- Provide basic diet information using evidence-based educational materials.
- Develop and implement menus that meet individual nutritional needs in accordance with established national guidelines.

The proposed changes expand what is considered "medical nutrition therapy" and add restrictions to the tasks allowed by non-LMNTs.

3. **Based on the proposed changes to these definitions, would a CDM still be allowed to perform the above tasks "in consultation with the Registered**

Dietician" or would the changes require a more formal (written) supervisory structure with the LMNT that would involve additional contracted time?

According to DHHS' description the following tasks can be completed by the CDMs as "ancillary (dietary) staff."

- Complete the resident's assessment (MDS).
- Collect anthropometric data, lab values, medications, diagnoses.
- Recognize routine versus at-risk clients.
- Perform routine nutrient computations using food composition tables.
- Verify nutrient computations.

4. **Based on the proposed changes to definitions, would a CDM still be allowed to perform the above tasks or would the changes prohibit this practice without involvement from the LMNT?**

Other questions related to the possible impact of the proposed changes on current nurse (RN,LPN) practice in a nursing facility:

5. **Based on their training in diet and nutrition, would a nurse (RN, LPN) at a nursing facility continue to be able to advise residents about diet and weight control without involvement from the LMNT?**

6. **Would a nurse (RN,LPN) at a nursing facility continue to be able to make recommendations on diet and nutrition to the resident's physician without involvement from the LMNT?**

7. **Would a nurse (RN,LPN) at a nursing facility continue to be able to make recommendations of dietary changes to the resident's physician if a resident is experiencing chewing or swallowing difficulties without involvement from the LMNT?**

8. **Would any changes to a resident's diet or nutrition, including supplements or enteral/parenteral nutrition/medication, require involvement from the LMNT or could these changes be implemented through the resident's physician?**